



Status

Active

Medical and Behavioral Health Policy

Section: Medicine
Policy Number: II-98
Effective Date: 02/26/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

LAPAROSCOPIC AND PERCUTANEOUS TECHNIQUES FOR THE MYOLYSIS OF UTERINE FIBROIDS

Description: Uterine fibroids are one of the most common conditions affecting women in the reproductive years; symptoms include menorrhagia, pelvic pressure, or pain. Hysterectomy and various myomectomy procedures are considered the gold standard treatment. However, there has been longstanding research interest in developing minimally invasive alternatives that include endometrial ablation (for submucosal fibroids), uterine artery embolization, and various techniques to induce myolysis.

A variety of energy sources have been used for myolysis, including Nd:YAG lasers, bipolar electrodes, cryotherapy, or radiofrequency ablation. Typically, patients are pretreated with a 2- to 6-month course of depot GnRH agonists to shrink fibroids prior to the procedure. In general, the procedures involve the insertion of probes multiple times into the fibroid. When activated, the various energy sources induce devascularization and ultimately ablation of the target tissue. When radiofrequency ablation is used, the procedure may be referred to as the HALT (Hysterectomy Alternative) procedure.

Most frequently, myolysis is performed as a laparoscopic procedure, but, more recently, percutaneous approaches using magnetic resonance imaging (MRI) guidance have been reported. The MRI can provide both the guidance for insertion of the probe and real-time thermal imaging maps of the treated area. It can also be used to carry out *in vivo* monitoring of thermal changes in the tissues. Previously, in laparoscopic procedures, thermal damage could only be assessed visually by observing a blanching of the serosa, which may be too late to avoid serosal damage. It is thought that MRI monitoring of thermal damage within the fibroid may reduce the risk of serosal damage and subsequent adhesions.

Note: MRI-Guided High-Intensity Focused Ultrasound Ablation of

Uterine Fibroids and Other Tumors, a transcutaneous procedure, is addressed separately in policy IV-119.

Policy: Laparoscopic and percutaneous techniques of myolysis as a treatment of uterine fibroids are considered **INVESTIGATIVE** due to a lack of evidence demonstrating its impact on improved health outcomes.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

58578 Unlisted laparoscopy procedure, uterus
58999 Unlisted procedure, female genital system (nonobstetrical)
0336T Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency

Policy History: **Developed February 11, 2009**

Most recent history:

Reviewed February 9, 2011
Reviewed February 8, 2012
Reviewed February 13, 2013
Reviewed February 12, 2014

Cross Reference: MRI-Guided High-Intensity Focused Ultrasound Ablation of Uterine Fibroids and Other Tumors, IV-119

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